

Brownfields '97 Registration Form

Name: _____

Title and Organization: _____

Street Address/Full Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-Mail: _____

*Several events during the conference will include meal functions. Costs for these meals are listed below.**

- ☐ Luncheon on September 4th only, \$15.00
- ☐ Luncheon on September 5th only, \$15.00
- ☐ Luncheons on September 4th *and* 5th, \$30.00

Please notify us by August 4, 1997 of any special dietary requirements such as kosher, diabetic, or vegetarian menus.

PAYMENT (*check one*):

- ☐ Check enclosed (payable to Brownfields '97)
- ☐ Charge my credit card: ☐ MasterCard ☐ Visa ☐ American Express

Card Number: _____ Expiration Date: ____/____

Name as it appears on the card: _____

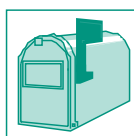
(please print clearly)

Signature: _____

- ☐ I would like to apply for a scholarship sponsored by ICMA. (For application information you also may call the Brownfields '97 hotline at 1-888-795-4684.)



***Fax completed registration form,
with credit card information to:***
(703) 748-2768
Attention: Brownfields '97



***Mail completed registration form, with
check or credit card information, to:***
PRC Environmental Management, Inc.
1593 Spring Hill Road, Suite 300
Vienna, VA 22182
Attention: Brownfields '97



* Please note: To reserve a meal, please enclose payment with this registration form; meals are not required to attend the event.

** Registration forms must be received by August 4, 1997 for early registration.

*** If you require a refund, a written request must be received by August 25, 1997.